

Name in Full		Town				County		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Grainfield</i>				<i>Charles</i>		MARYLAND					
		Date of death <i>1909</i>		Month <i>July</i>		Day <i>26</i>		Years <i>68</i>		Months <i>—</i>		Days <i>—</i>	
		Sex <i>Male</i>				Color or Race <i>white</i>		Birth-place <i>King Geo. Va.</i>					
		Occupation <i>Farming</i>				Where Residing if not at place of death							
		Married, Single or Widowed <i>widowed</i>				Name of Wife or Husband <i>Helen I Arnold</i>							
		Father's Name <i>unknown</i>				Father's Birthplace <i>unknown</i>							
		Mother's Maiden Name <i>unknown</i>				Mother's Birthplace <i>" "</i>							
PHYSICIAN OR CORONER		Name of person giving information <i>Wallace Miller</i>				How related to deceased <i>nephew</i>							
		CAUSES OF DEATH				<i>179</i> X							
PHYSICIAN OR CORONER		Primary <i>unknown</i>				How long							
		Immediate <i>No Physician in attendance</i>				How long							
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician <i>D. Carpenter Sub. Reg.</i>							
		Address <i>Pisgah Mt.</i>											
		Accident or Suicide?											



Name
in
Full

Harry Blain

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

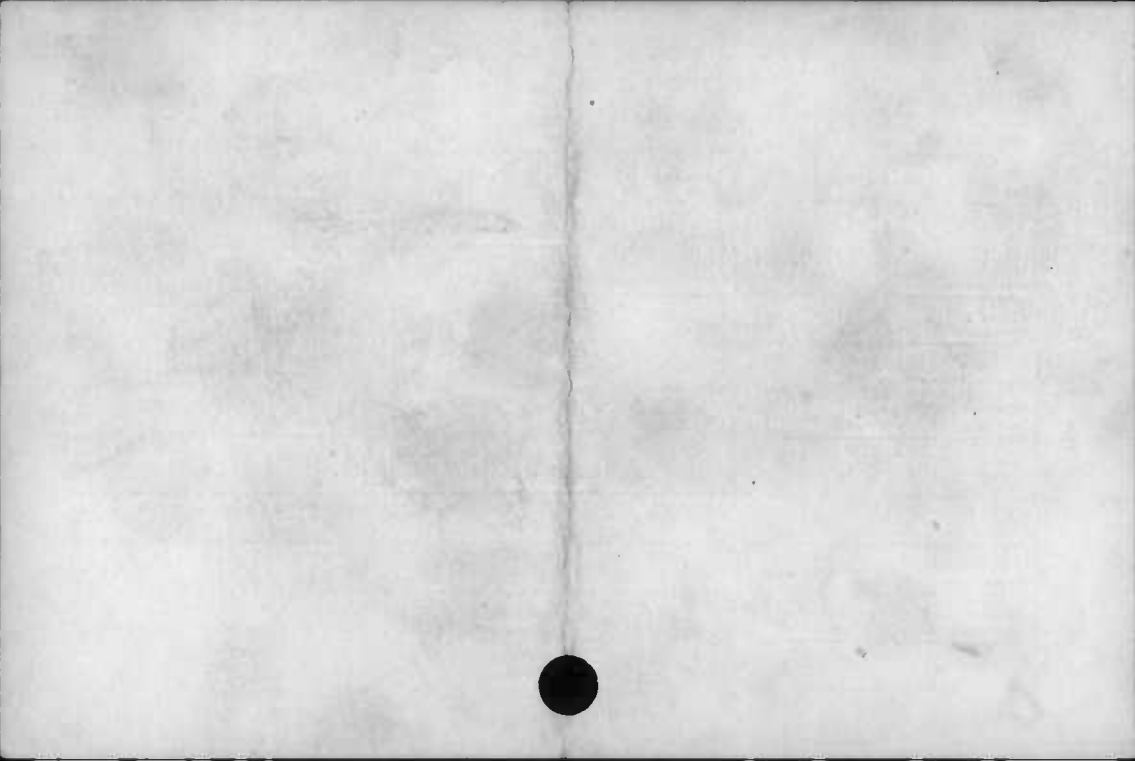
Died at Indian Head <small>Town</small>		Charles <small>County</small>		MARYLAND	
Date of death 1909 July <small>Month</small>		19 <small>Day</small>		four (4) 13 <small>Months Days</small>	
Sex Male		Color or Race Black		Birth place Charles Co. Md.	
Occupation —		Where Residing if not at place of death Residing at pl. of death			
Married, Single or Widowed —		Name of Wife or Husband —			
Father's Name Harry Bowman		Father's Birthplace Pomomoy, Md.			
Mother's Maiden Name Jennie Blain		Mother's Birthplace Indian Head, Md.			
Name of person giving information Jennie Blain		How related to deceased Mother			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Eutentis	How long	2 weeks
Immediate	Pneumonia (?)	How long	24 hours
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician J. H. Blain	
Accident or Suicide? 8		Address Asst. Surg. M. S. U. Indian Head Md.	



Name
Full

Had not been named Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Port Tobacco		County Chas		MARYLAND	
Date of death		Month 1909		Day 7		Age 29	
Sex female		Color or Race colored		Birth- place Port Tobacco		Months 2	
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		Alexander Brown		Father's Birthplace		Charles	
Mother's Maiden Name		Martha Marbury		Mother's Birthplace		Charles	
Name of person giving Information		Alexander Brown		How related to deceased		Father	

CAUSES OF DEATH

Primary	Thrush	How long	100 X
Immediate		How long	3 days

PHYSICIAN
OR CORONERAre the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

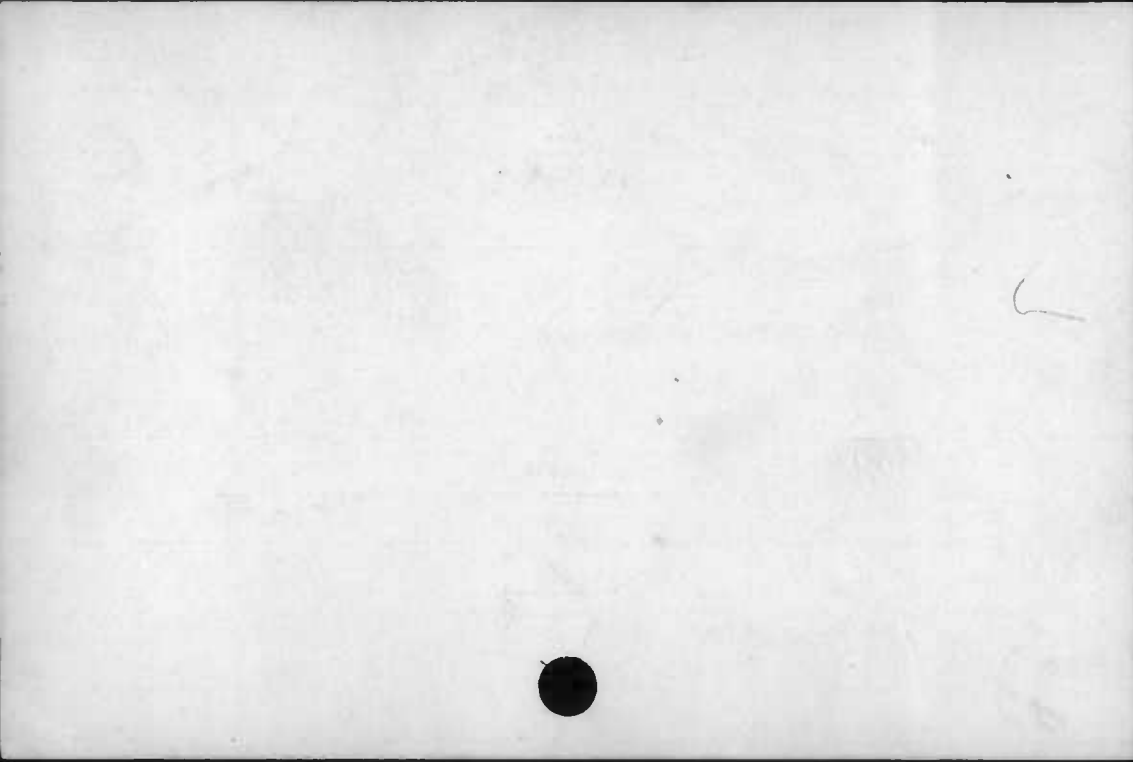
R. Hampton Long Sub Pres
La Plata

Accident or Suicide

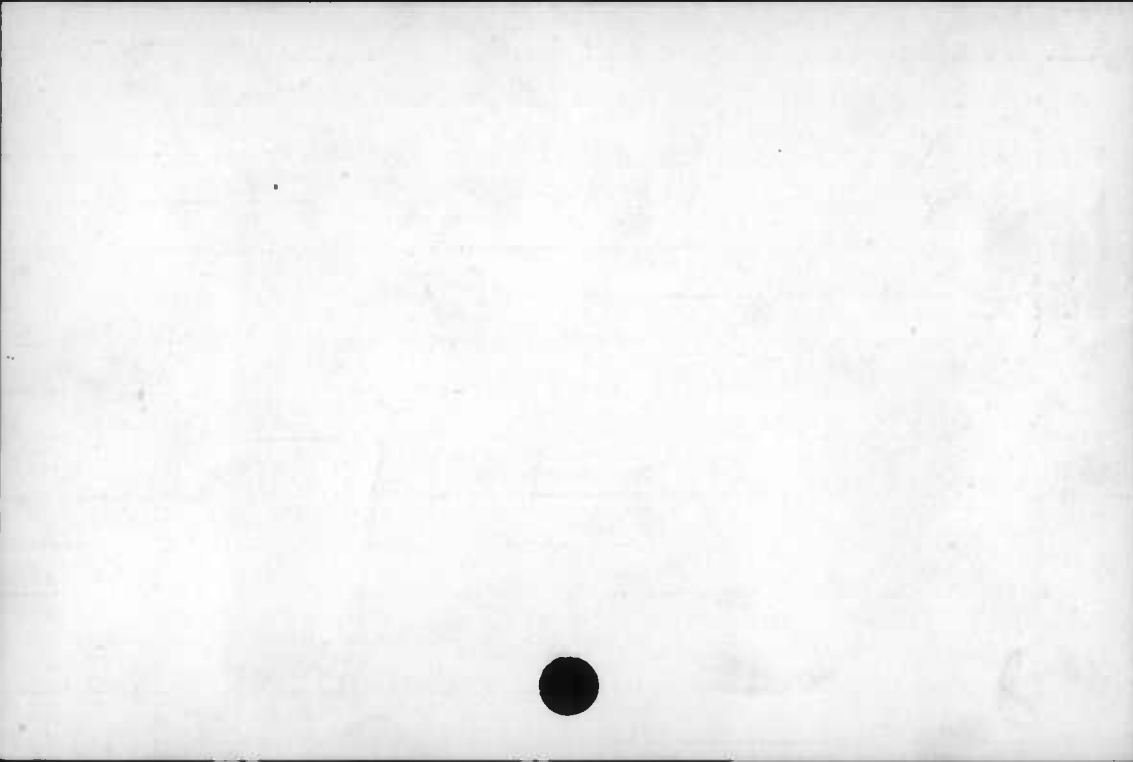
(no doctor in attendance) 22



Name in Full		MAY MAGGIE BUTLER				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Indian Head		Charles		MARYLAND	
	Date of death	1909	Month July	Day 15	Age	Years	Months Eleven
	Sex	Female		Color or Race	BLK.		Birth-place Charles Co., Md.
	Occupation			Where Residing if not at place of death			
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	John Queen				Father's Birthplace	Chas. Co. Md.
TO BE ANSWERED BY NEAREST FRIEND	Mother's Maiden Name	Elizabeth Butler				Mother's Birthplace	Chas. Co. Md.
	Name of person giving information	Elizabeth Butler				How related to deceased	Mother
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	Cholera Infantum				How long	105 X 1 week
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	J. B. Sinclair		
				Address	Indian Head, Md.		
	Accident or Suicide?						



Name in Full		Certificate of Death						
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County		
		Died at		Newville		Charles		
		Date of death		Month	Day	Years	Months	Days
		Date of death		1909	July	11	Age	18
		Date of death		1909	July	11	Age	18
TO BE ANSWERED BY NEAREST FRIEND		Sex		Color or Race		Birth-place		
		Sex		Male		Colored		
		Sex		Male		Colored		
		Sex		Male		Colored		
		Sex		Male		Colored		
TO BE ANSWERED BY NEAREST FRIEND		Occupation		Where Residing if not at place of death				
		Occupation		Laborer				
		Occupation		Laborer				
		Occupation		Laborer				
		Occupation		Laborer				
TO BE ANSWERED BY NEAREST FRIEND		Married, Single or Widowed		Name of Wife or Husband				
		Married, Single or Widowed		Name of Wife or Husband				
		Married, Single or Widowed		Name of Wife or Husband				
		Married, Single or Widowed		Name of Wife or Husband				
		Married, Single or Widowed		Name of Wife or Husband				
TO BE ANSWERED BY NEAREST FRIEND		Father's Name		Father's Birthplace				
		Father's Name		Joseph Campbell		Newville		
		Father's Name		Joseph Campbell		Newville		
		Father's Name		Joseph Campbell		Newville		
		Father's Name		Joseph Campbell		Newville		
TO BE ANSWERED BY NEAREST FRIEND		Mother's Maiden Name		Mother's Birthplace				
		Mother's Maiden Name		Margaret Cheeky		Md.		
		Mother's Maiden Name		Margaret Cheeky		Md.		
		Mother's Maiden Name		Margaret Cheeky		Md.		
		Mother's Maiden Name		Margaret Cheeky		Md.		
TO BE ANSWERED BY NEAREST FRIEND		Name of person giving information		How related to deceased				
		Name of person giving information		Facter		Facter		
		Name of person giving information		Facter		Facter		
		Name of person giving information		Facter		Facter		
		Name of person giving information		Facter		Facter		
TO BE ANSWERED BY NEAREST FRIEND		CAUSES OF DEATH		27				
		CAUSES OF DEATH		27				
		CAUSES OF DEATH		27				
		CAUSES OF DEATH		27				
		CAUSES OF DEATH		27				
TO BE ANSWERED BY NEAREST FRIEND		Primary		How long				
		Primary		Tuberculosis		8 mos		
		Primary		Tuberculosis		8 mos		
		Primary		Tuberculosis		8 mos		
		Primary		Tuberculosis		8 mos		
TO BE ANSWERED BY NEAREST FRIEND		Immediate		How long				
		Immediate		Heart failure		2 hrs		
		Immediate		Heart failure		2 hrs		
		Immediate		Heart failure		2 hrs		
		Immediate		Heart failure		2 hrs		
TO BE ANSWERED BY NEAREST FRIEND		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician				
		Are the name, age, sex, color, date and place correctly given above?		Yes		J. E. Jernigan M.D.		
		Are the name, age, sex, color, date and place correctly given above?		Yes		J. E. Jernigan M.D.		
		Are the name, age, sex, color, date and place correctly given above?		Yes		J. E. Jernigan M.D.		
		Are the name, age, sex, color, date and place correctly given above?		Yes		J. E. Jernigan M.D.		
TO BE ANSWERED BY NEAREST FRIEND		Address		Address				
		Address		Newport, Md.				
		Address		Newport, Md.				
		Address		Newport, Md.				
		Address		Newport, Md.				
TO BE ANSWERED BY NEAREST FRIEND		Accident or Suicide?		Accident or Suicide?				
		Accident or Suicide?		Accident or Suicide?				
		Accident or Suicide?		Accident or Suicide?				
		Accident or Suicide?		Accident or Suicide?				
		Accident or Suicide?		Accident or Suicide?				



Name
in
Full

Milbern Carter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

gk. Died at Pisgah ^{Town} Charles ^{County}

Date of death 1909 ^{Month} July ^{Day} 12 ^{Years} 1 ^{Months} 3 ^{Days}

Sex Male Color or Race American Birth-place Chas co Md.

Occupation none Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Robert Carter Father's Birthplace Chas co Md.

Mother's Maiden Name Victoria Queen Mother's Birthplace Chas co Md.

Name of person giving information Robert Carter How related to deceased Father

CAUSES OF DEATH

105 X

PHYSICIAN
OR CORONER

Primary Obvula Infantum How long

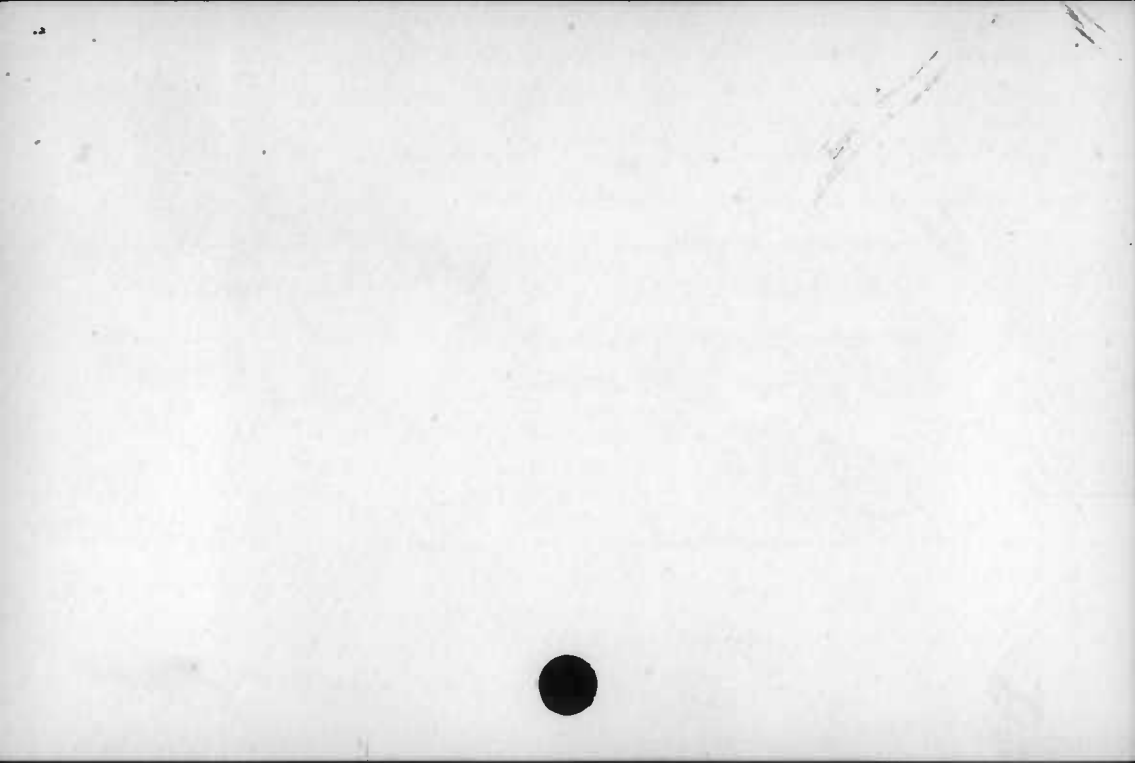
Immediate How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Gen. C. Bicknell

Address Pisgah, Ind.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Mrs Joseph Chapman

Town *Wheatcroft* County *Charles* MARYLAND

Died at *Wheatcroft*

Date of death *1909 July 5* Age *27* Months *no* Days *5*

Sex *Female* Color or Race *Colored* Birth-place *Ind*

Occupation *Housewife* Where Residing if not at place of death *at home*

Married, Single or Widowed *Married* Name of Wife or Husband *Joseph Chapman*

Father's Name *Henry Brown* Father's Birthplace *Ind*

Mother's Maiden Name *Oliver Dent* Mother's Birthplace *Ind*

Name of person giving information *Joseph Chapman* How related to deceased *Husband*

CAUSES OF DEATH

27

X

PHYSICIAN
OR CORONER

Primary *Tuberculosis* How long *Several months*

Immediate *Exhaustion* How long *4 months*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *J. O. Sumner*

Address *Wheatcroft Ind*

J

Accident or Suicide? ☐



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pennocky</i>		County <i>Charles</i>		State <i>MARYLAND</i>	
Date of death	Month <i>July</i>	Day <i>8</i>	Years <i>32</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>		
Occupation <i>Housewife</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Jackson C. Lane</i>				
Father's Name <i>Lewis King</i>	Father's Birthplace <i>Pennocky Md</i>				
Mother's Maiden Name <i>Victoria King</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Jackson C. Lane</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

138

PHYSICIAN
OR CORONER

Primary <i>Pregnancy</i>	How long <i>8 months</i>
Immediate <i>Umbilic convulsions</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. W. Whitehead, D.</i>
<i>J</i>	Address <i>Pennocky Md</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Mary Francis Chase

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Bel Air</u>		Town <u>Bel Air</u>		County <u>Charles</u>		MAYLAND	
Date of death <u>1909</u>		Month <u>July</u>	Day <u>11</u>	Age <u>—</u>	Years <u>—</u>	Months <u>2</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>African</u>	Birth-place <u>Charles Co</u>					
Occupation <u>—</u>		Where Residing if not at place of death <u>—</u>					
Married, Single or Widowed <u>—</u>		Name of Wife or Husband <u>—</u>					
Father's Name <u>Frank Chase</u>		Father's Birthplace <u>Charles Co</u>					
Mother's Maiden Name <u>Margaret Ford</u>		Mother's Birthplace <u>Charles Co</u>					
Name of person giving Information <u>Frank Chase</u>		How related to deceased <u>Father</u>					

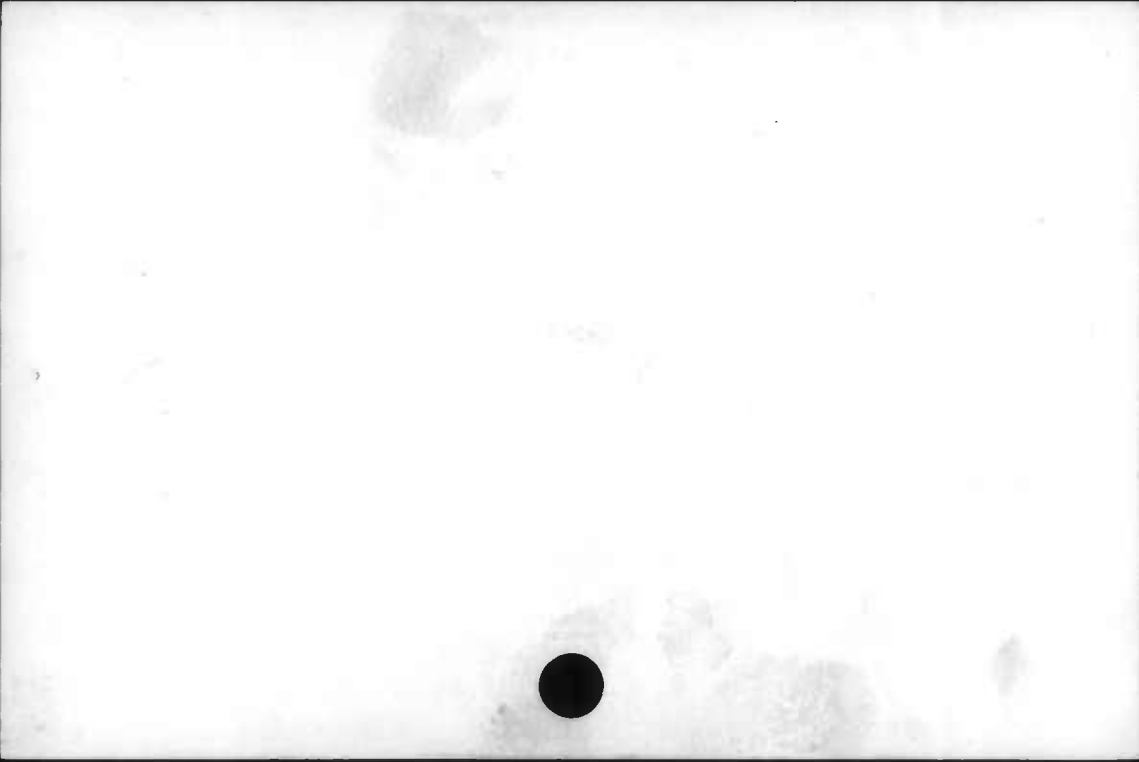
CAUSES OF DEATH

151

X

PHYSICIAN
OR CORONER

Primary	<u>Marasmus</u>	How long	<u>2 mo</u>
Immediate	<u>Cardiac Failure</u>	How long	<u>3 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>J</u>		<u>E. Spencer</u>	
Accident or Suicide		Address <u>Bel Air Md.</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Geo Washington Dent -
Town *La Plata* County *Chas*

Died at

Date

of death

1909

Month

7

Day

12

Age

Years

—

Months

one

Days

Sex

male

Color or
Race

colored

Birth-
place

La Plata

Occupation

Where Residing if not
at place of death

~~Married~~, Single
or ~~Widowed~~

Name of Wife or
Husband

Joe Dent

Father's
Name

Joe Dent

Father's
Birthplace

Chas Lee

Mother's
Meiden Name

Maggie Brown

Mother's
Birthplace

Chas Lee

Name of person giving
Information

Joe Dent

How related
to deceased

Father

CAUSES OF DEATH

151

How long

4 days

How long

1 day

Primary

Cholera

Immediate

Exhaustion

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

R. Hampton, Sub By
La Plata Md.

Accident or Suicide

no

No doctor in attendance

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1909		July	28	Age	11		
Sex	Female	Color or Race	Dark		Birth-place	Ind	
Occupation			Where Residing if not at place of death		At Place of death		
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Maurice Clark		Father's Birthplace		Ind		
Mother's Maiden Name	Alice Dyer		Mother's Birthplace		Ind		
Name of person giving Information	Alice Dyer		How related to deceased		Grandfather		

CAUSES OF DEATH

105

7

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
J	John P. Marshall
Address	Sub Ref
Accident or Suicide	



Name
in
Full

CERTIFICATE OF DEATH

Brian Leroy Lyson
Town *Pomocunk* County *Ches*

MARYLAND

Died at *Pomocunk*
Date of death *1909 July 13* Age *6* Years Months Days

Sex *Male* Color or Race *Colum* Birth-place *Ind*
Occupation *---* Where Residing if not at place of death *At place of death*

Married, Single or Widowed *---* Name of Wife or Husband *---*

Father's Name *Earnest Lyson*

Father's Birthplace *Ind*

Mother's Maiden Name *Bessie Lyson*

Mother's Birthplace *Ind*

Name of person giving information *Earnest Lyson*

How related to deceased *Father*

CAUSES OF DEATH

179

X

Primary

How long

Immediate

How long

15 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

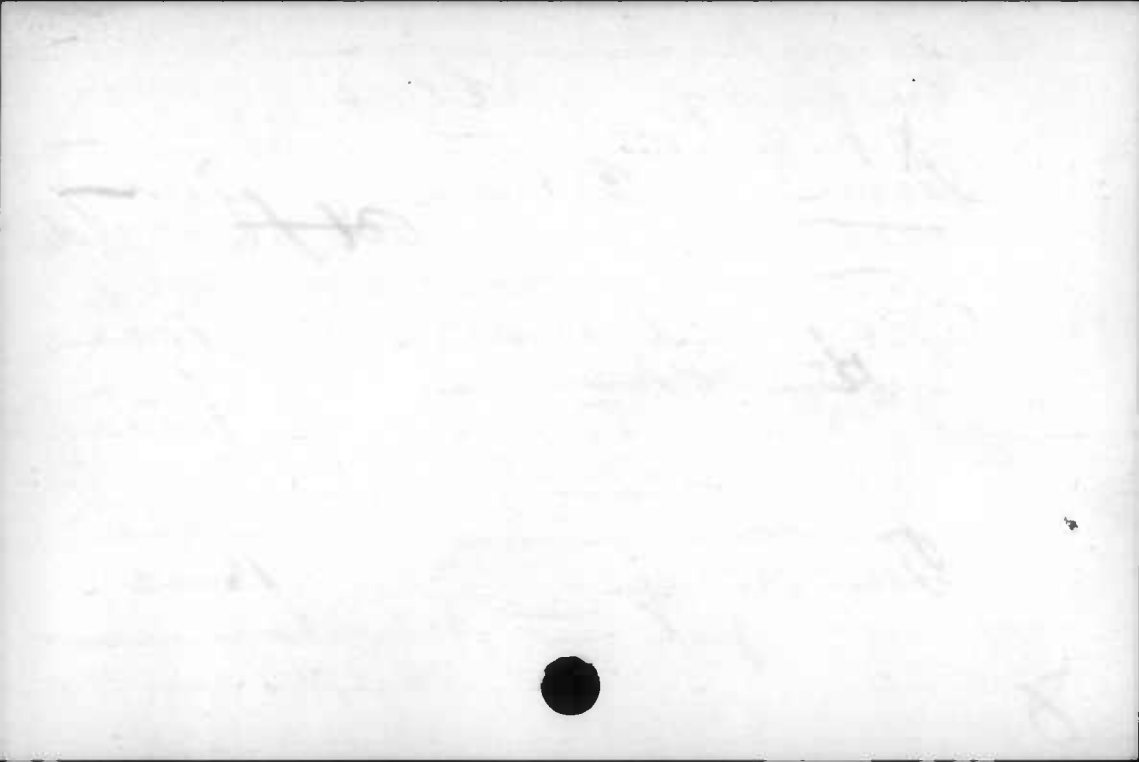
Address

John P. [Signature]
Sub Reg

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Benjamin D. Hancock

CERTIFICATE OF DEATH

Died at *Dentsville*

Town

Lebanon

County

MARYLAND

Date

of death

1909

Month

July

Day

8

Age

Years

53

Months

5

Days

—

Sex

*Male*Color or
Race*White*Birth-
place*Ind*

Occupation

*Millen*Where Residing if not
at place of death

—

Married, Single
or Widowed*Widowed*Name of Wife or
Husband*Annie Hancock*Father's
Name*John Hancock*Father's
Birthplace*Ind*Mother's
Maiden Name*Jane Hancock*Mother's
Birthplace*Ind*Name of person giving
information*J. M. Hancock*How related
to deceased*Brother*

CAUSES OF DEATH

56

X

Primary

Acute Alcoholism

How long

2 weeks

Immediate

Heart failure

How long

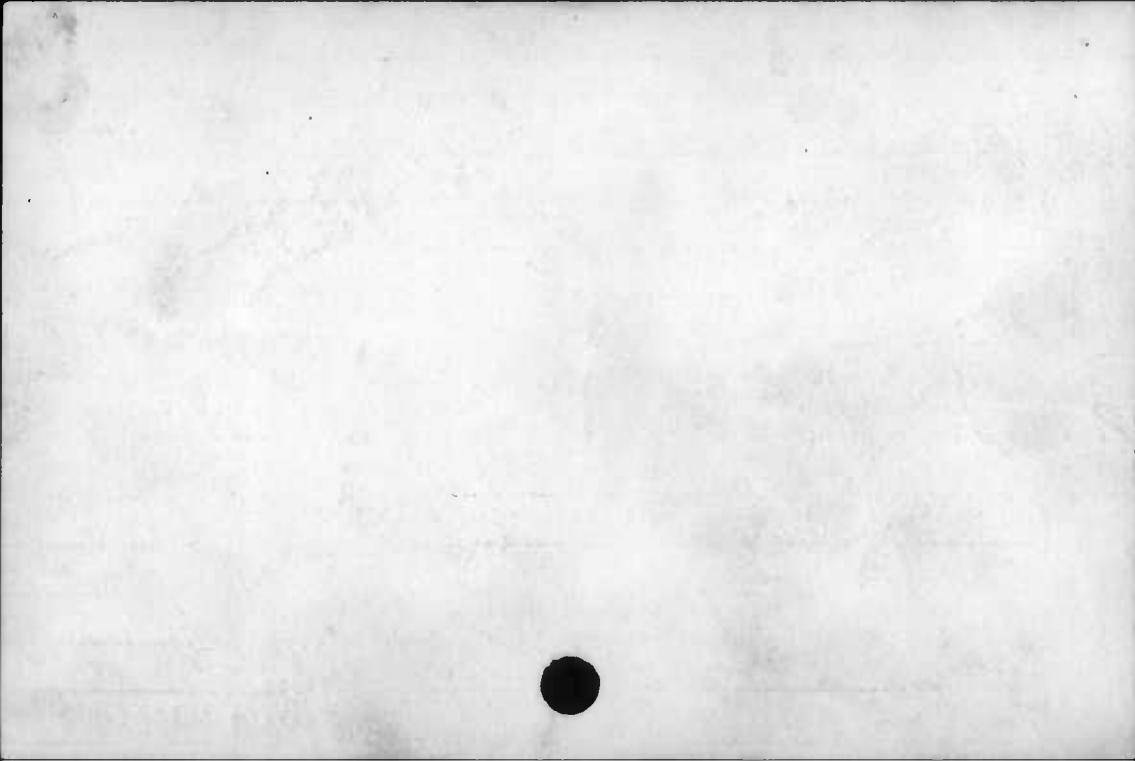
*1 day*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*Dr. C. C. Loppelson*

Address

Heightsville Ind

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

Richard E. Hawkins

Town

County

MARYLAND

Died at

Gallant Green Charles

Date

of death 1909

Month

Day

Age

Years

Months

Days

9 July 13

69

4

3

Sex

Male

Color or
Race

Colored

Birth-
place

Md

Occupation

Laborer

Where Residing if not
at place of death

Pr.ewis Co Md

Married, Single
or Widowed

Married

Name of Wife or
Husband

Jane Green

Father's
Name

Jerry Hawkins

Father's
Birthplace

Md

Mother's
Maiden Name

Rachel Hawkins

Mother's
Birthplace

Md

Name of person giving
Information

John Thomas

How related
to deceased

Step Son

CAUSES OF DEATH

Primary

Paralysis

How long

2 mos.

Immediate

Second stroke

How long

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

St. Martin's Church

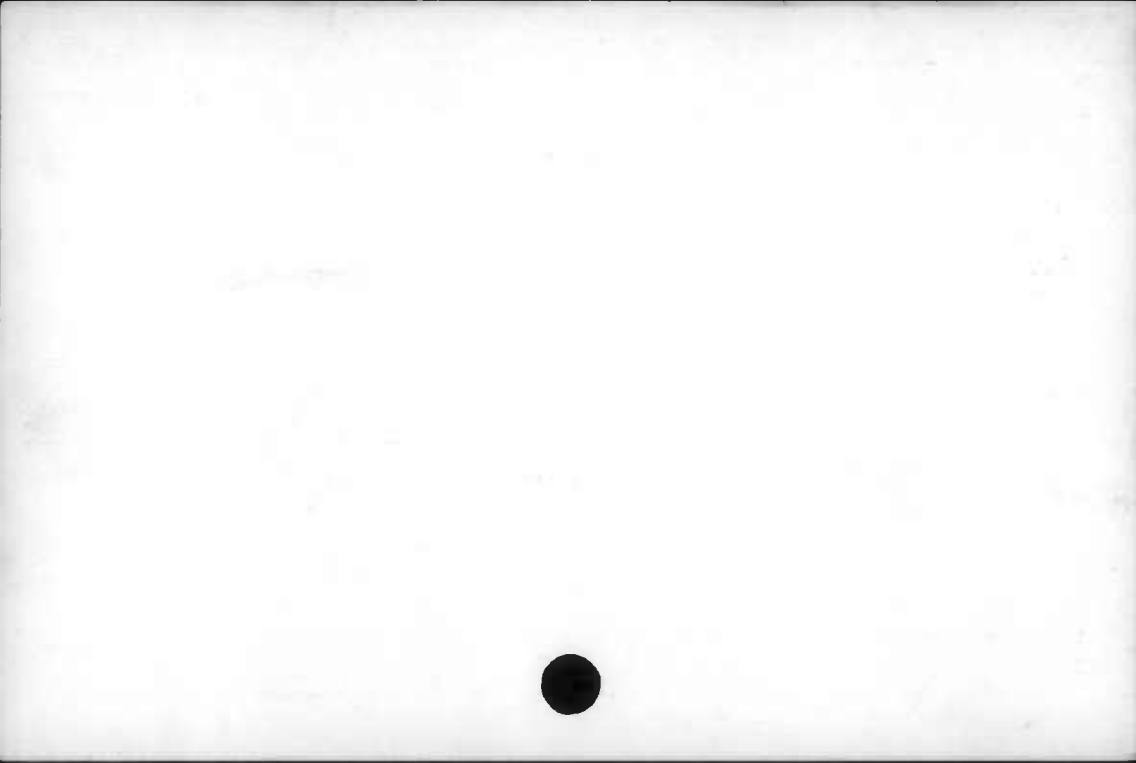
Aquasco

Md

Accident or Suicide

no

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Rhoda Stiggs

CERTIFICATE OF DEATH

Died at Princeton Town Charles County MARYLAND

Month July Day 19 Years 38 Months Days

Date of death 1909 Age 38

Sex Female Color or Race White Birth-place Ind.

Occupation House wife Where Residing if not at place of death

Married, Single or Widowed Widow Name of Wife or Husband Stephen Stiggs, deceased

Father's Name John Robey Father's Birthplace Ind.

Mother's Maiden Name Mary Greer Mother's Birthplace Ind.

Name of person giving Information J. P. Jackson How related to deceased Brother

CAUSES OF DEATH

Primary Pneumonia 93 X How long 6 days

Immediate How long

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician P. C. Carrico M.D.

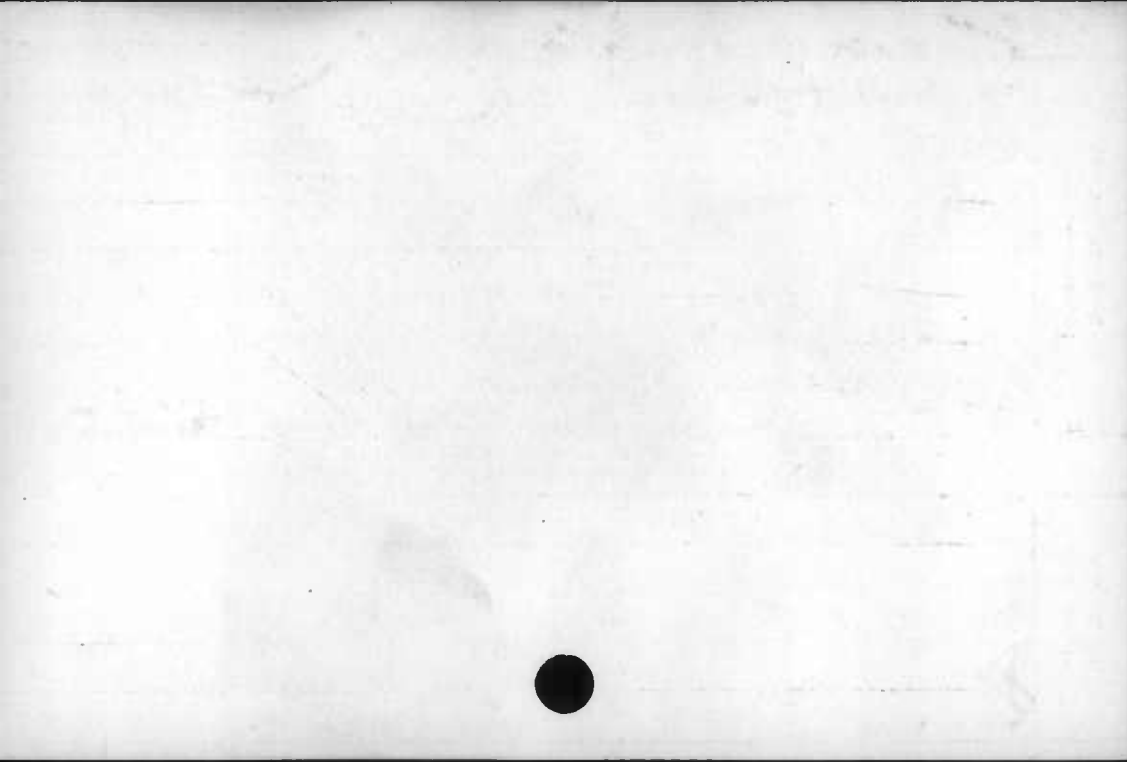
J Address Princeton, Ind.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Clara Elizabeth Holton				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND			
		Date of death		Month	Day	Age	Years	Months	Days
		Sex		Color or Race		Birth-place			
		Occupation		Where Residing if not at place of death					
		Married, Single or Widowed		Name of Wife or Husband					
PHYSICIAN OR CORONER		Father's Name		Mother's Maiden Name		Father's Birthplace		Mother's Birthplace	
		Name of person giving information		How related to deceased					
		CAUSES OF DEATH							
		Primary		Immediate		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
				Accident or Suicide?					



Name
in
Full

Henry Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

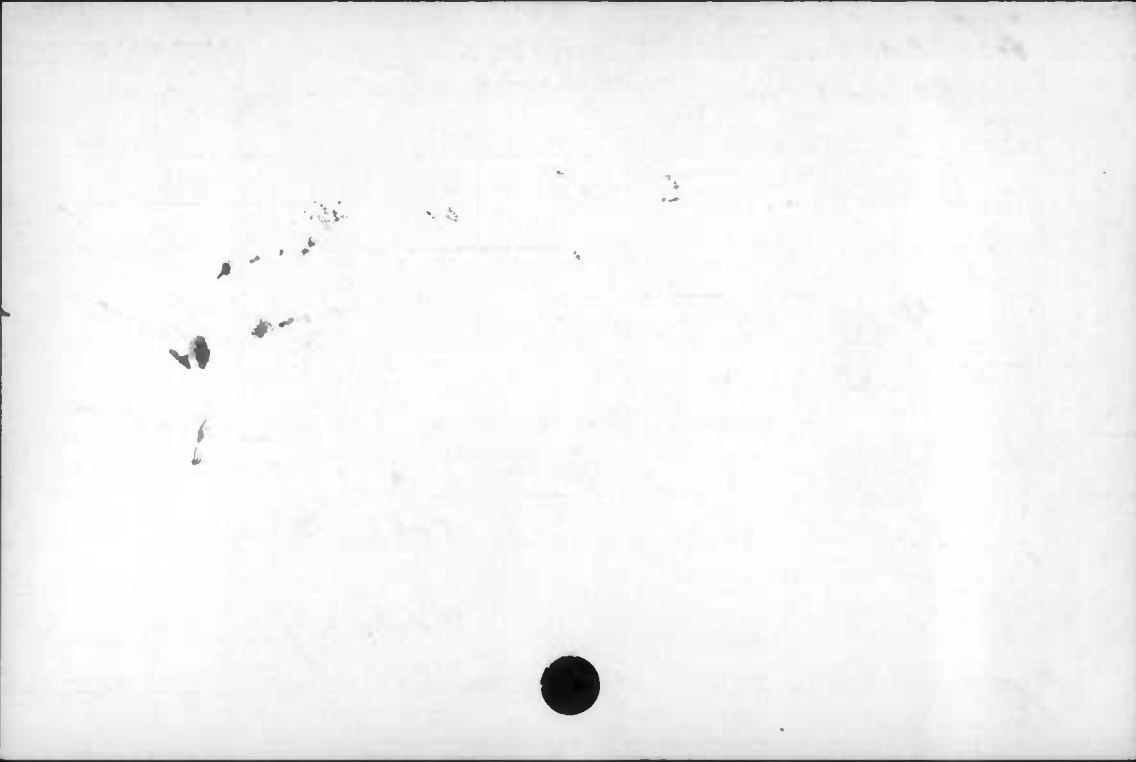
Died at Swan Road ^{Town} <i>Chas</i> ^{County}		MARYLAND	
Date of death	1909 July 10	Age	5 Months
Sex	Male	Color or Race	Black
Occupation	Birth-place Md		
Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Frank Jackson	Father's Birthplace	Md
Mother's Maiden Name	Irene Dorsey	Mother's Birthplace	Md
Name of person giving information	Frank Jackson	How related to deceased	Father

CAUSES OF DEATH

(105) X

PHYSICIAN
OR CORONER

Primary	Malnutrition with ill. colitis	How long	Months or more
Immediate	Spasms	How long	
Are the name, age, sex, color date and place correctly given above?		yes	
Signature of Physician		S. H. Speake	
Address		Brayton	
Accident or Suicide?			



Name in Full

Certificate of Death

Dennis Maloney

Died at ^{**} *Co. San Point* ^{Town} *Ches* ^{County}

MARYLAND

Date 19	Month	Day	Age	Y.	M.	D.	Native of	Occupation
09	7	5	55	-	-	-	Ireland	Farmer
Male	White	Married	Widow	Divorced				
Female	Colored	Single	Widower	Number of children living	4			

Husband of *Caroline Sinclair*Wife of *Unknown*Father's Name *Unknown*Mother's Name *Unknown*Cause of Death { Primary *Stomach Trouble*Immediate *Appendicitis*How long sick *1 week*
Accident, Suicide, HomicideReported by *J. F. Sinclair* *118*Address *Brentland* *M*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79698

Reports by

W. F. Browne

Name
in
Full

William H. Marbury, Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Pesgah</u> Town		<u>Charles</u> County		MARYLAND	
Date of death	1907	Month	July	Day	26
Age	Years		Months		Days
Sex	Male		Color or Race	Colored	
Occupation			Birth-place	Charles Co. Md.	
Where Residing if not at place of death					
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<u>Infantile Atrophy</u>	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	<u>Geo. C. Bicknell</u>
		Address	<u>Pesgah, Md.</u>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

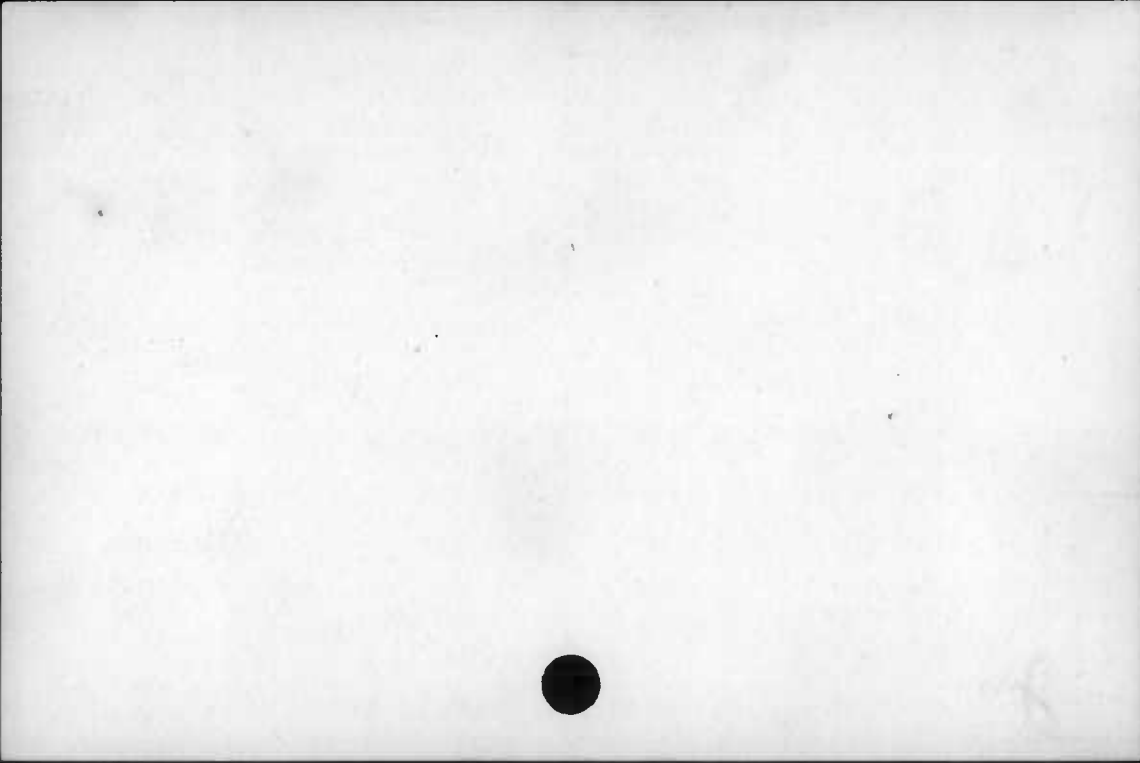
Died at *Not Named* *Marshall* Town *Berry P.O.* County *Charles*Date of death *1909* Month *July* Day *24* Age *—* Years *—* Months *—* Days *—*Sex *man* Color or Race *Colored* Birth-place *Berry*Occupation *—* Where Residing if not at place of death *—*Married, Single or Widowed *—* Name of Wife or Husband *—*Father's Name *Thomas A. Marshall*Father's Birthplace *md*Mother's Maiden Name *Garry Young*Mother's Birthplace *md*Name of person giving information *J. H. Marshall*How related to deceased *A*

CAUSES OF DEATH

Primary *Still B*How long *—*Immediate *—*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Hous in attendance*Address *J. M. Wilkerson*Accident or Suicide? *—*Sub Reg: *Waldorf md*



Name in Full		Bernard Mitchell				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Pisgah		Tow		County		
	Date of death	1909	Month	July	Day	8	Age	
	Sex	Male		Color or Race		American		
	Occupation	Laborer		Birth-place		Unknown		
	Where Residing if not at place of death							
	Married, Single or Widowed	Single		Name of Wife or Husband				
	Father's Name	Henry Mitchell				Father's Birthplace	Unknown	
	Mother's Maiden Name	Unknown				Mother's Birthplace		
Name of person giving information	Geo. W. Washington				How related to deceased	Son.		
CAUSES OF DEATH							64	
PHYSICIAN OR CORONER	Primary	Nephritis					How long	
	Immediate	Apoplexy					How long	5 days
	Are the name, age, sex, color, date and place correctly given above?	Yes					Signature of Physician	Geo. C. Bicknell,
	Accident or Suicide?						Address	Pisgah, Ind.



Name
in
Full

Ella Mary Murray

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Place of Birth *Waldorf* Town *Ches* County

Date of death *1909* *7* Month *4* Day *20* Years *—* Months *—* Days

Sex *female* Color or Race *white* Birth-place *Ind*

Occupation *School girl* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *John G. Murray*

Father's Birthplace *Ind*

Mother's Maiden Name *Ida Jamieson*

Mother's Birthplace *Ind*

Name of person giving Information *John G. Murray*

How related to deceased *Father*

CAUSES OF DEATH

27

Primary *Pulmonary Tuberculosis*

How long *2 years*

Immediate *Hemorrhage*

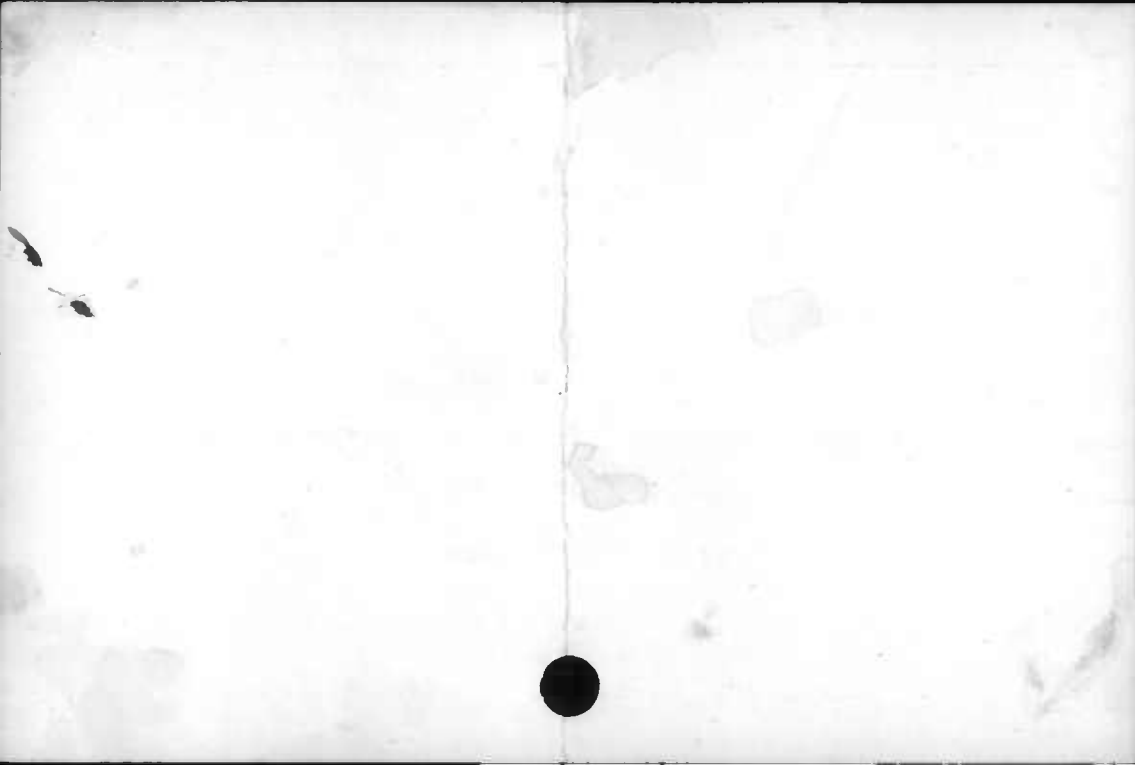
How long *30 minutes*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *John A. Coz*
Address *I.B. Ind*

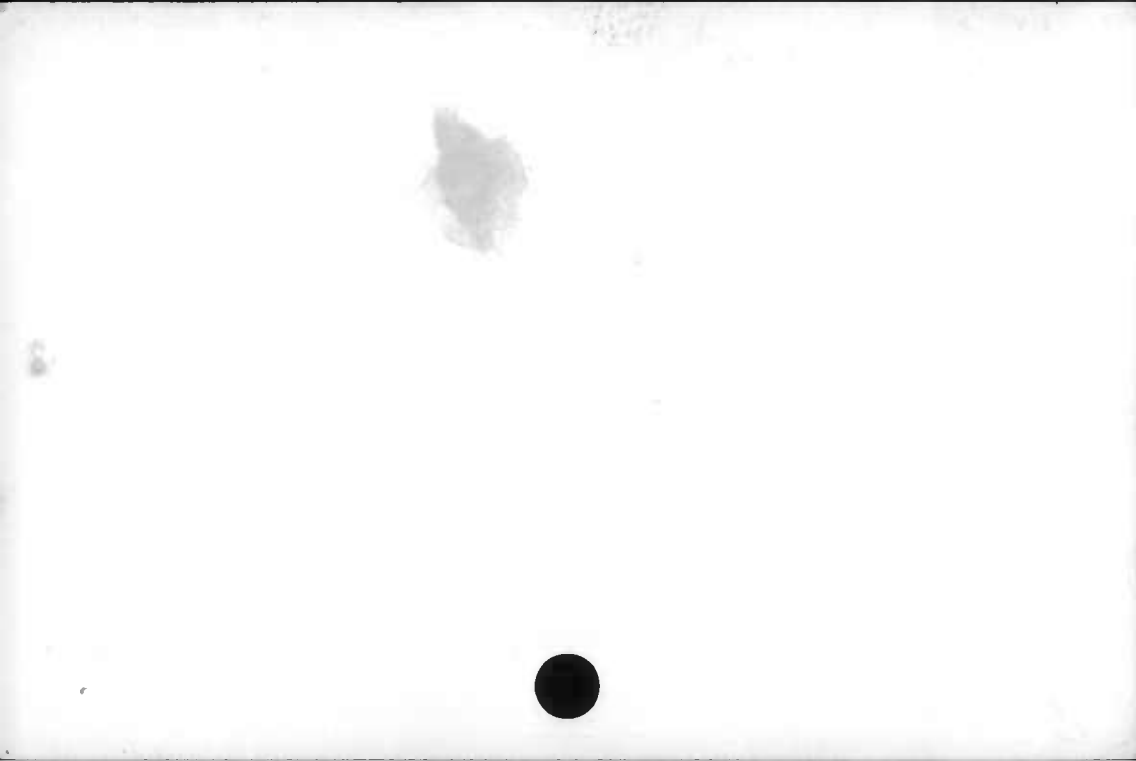
PHYSICIAN
OR CORONER

Accident or Suicide



PHYSICIAN
OR CORONER

OFFICE SUPPLY CO., 2284



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONERMyrtle Beatrice Sanders
Town County

CERTIFICATE OF DEATH

MARYLAND

Died at Berry Charles

Date of death 1909 July 14 Age 7 Months 7 Days —

Sex Female Color or Race White Birth-place md

Occupation None Where Residing if not at place of death at home

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name W. A. Sanders Father's Birthplace N. C.

Mother's Maiden Name Bell McCarthy Mother's Birthplace md

Name of person giving information W. A. Sanders How related to deceased Father

CAUSES OF DEATH

105

Primary Cholera Infantum How long 10 days

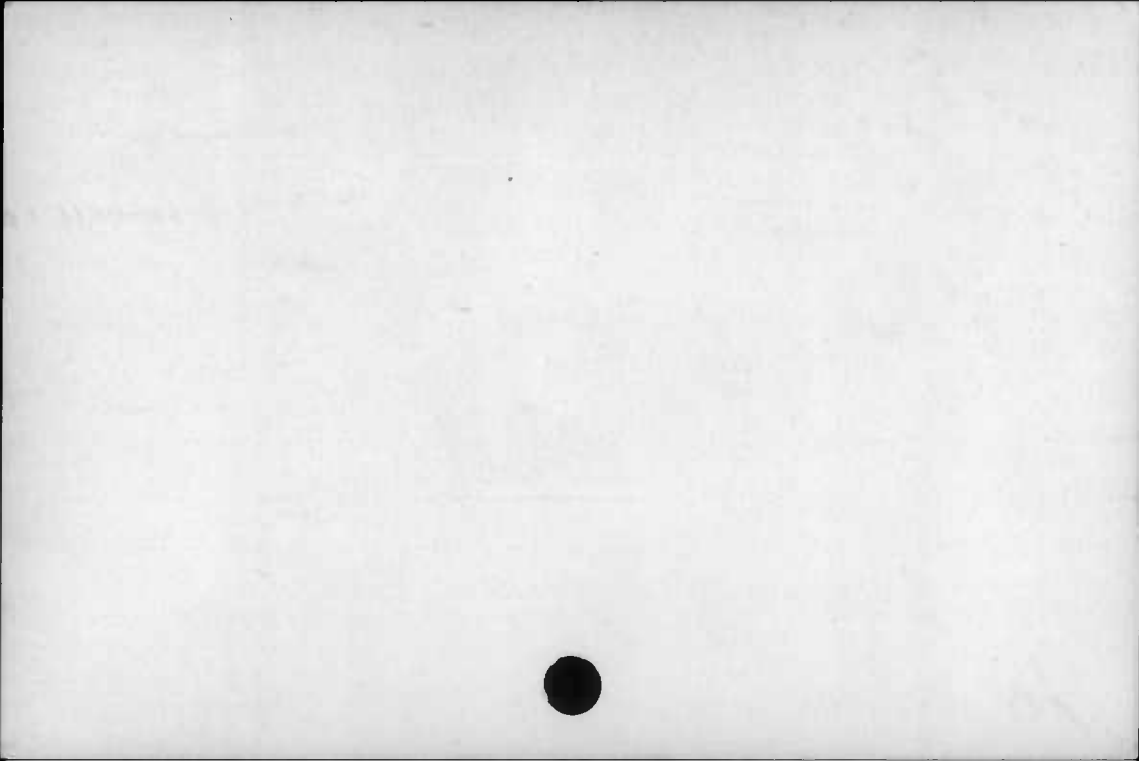
Immediate Exhaustion How long Two days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician G. O. Monroe

Address Waldorf, Md

Accident or Suicide? —



Name
in
Full

Eva B Simmons

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

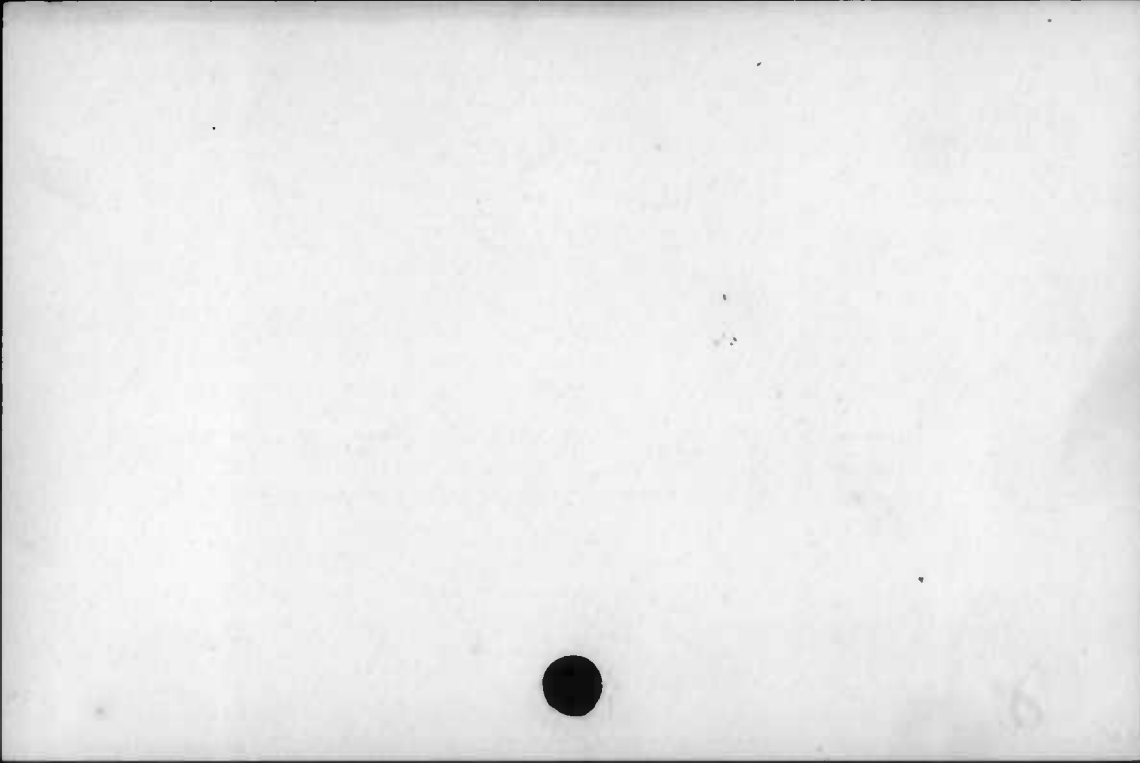
Died at *Marbury* Town *Charles* County
Date of death *1909 July 2* Age *2* Years *2* Months *28* Days
Sex *Female* Color or Race *collord* Birth-place *Chas. Co Md.*
Occupation *none* Where Residing if not at place of death
Married, Single or Widowed *Single* Name of Wife or Husband *none*
Father's Name *George B Simmons* Father's Birthplace *Chas. Co Md*
Mother's Maiden Name *Carrie Cooper* Mother's Birthplace *Chas. Co Md*
Name of person giving information *A. E. Simmons.* How related to deceased *uncle*

CAUSES OF DEATH

105° X

PHYSICIAN
OR CORONER

Primary *Acute Colitis* How long *6 weeks*
Immediate
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *G. C. Picknell*
Address *Rising Sun, Md.*
Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Hyland, Swann
Town *Pomonkey* County *Charles* MARYLAND

Died at *Pomonkey* Month *July* Day *14* Age *—* Months *—* Days *11*

Date of death 190*9*

Sex *Male* Color or Race *Colored* Birth-place *Pomonkey Ind.*

Occupation *—* Where Reiding if not at place of death *—*

Married, Single or Widowed *N.C.* Name of Wife or Husband *—*

Father's Name *Jas. W. H. Swann* Father's Birthplace *Pomonkey Ind.*

Mother's Maiden Name *Elizabeth Swann* Mother's Birthplace *Pigah Ind.*

Name of person giving Information *Charles H. Swann* How related to deceased *Niece*

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary *Incurtion* How long *11 days*

Immediate

Are the name, age, sex, color, data and place correctly given above? *yes*

Signature of Physician *J. W. Mitchell M.D.* Address *Pomonkey Ind.*

Accident or Suicide *8*



Name
in
Full

Edward Wallace

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>La Plata</i> ^{Town}		<i>Charles</i> ^{County}		MARYLAND	
Date of death <i>1909</i>	<i>7</i> ^{Month}	<i>26</i> ^{Day}	Age <i>20</i> ^{Years}	Months	Days
Sex <i>m</i>	Color or Race <i>C</i>		Birth-place <i>Maryland</i>		
Occupation <i>Laborer</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>S</i>		Name of Wife or Husband			
Father's Name <i>William Wallace</i>			Father's Birthplace <i>Ind.</i>		
Mother's Maiden Name <i>Maggie Chase</i>			Mother's Birthplace <i>Ind.</i>		
Name of person giving information <i>William Wallace</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long <i>3 weeks</i>
Immediate <i>Constriction of Brain</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>S. L. Harmon</i>
<i>Yes.</i>	Address <i>La Plata Ind.</i>
Accident or Suicide?	

Get the mother,
Marianne Francis,
Maggie Chase